## IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220 Boise, Idaho 83702-5642

swo@ibol.state.id.us

### APPLICATION FOR SOCIAL WORK LICENSE

An application fee of \$50.00 (\$55.00 for endorsement) must accompany this application.

[ ]	I hereby submit my qual Licensed Social Worker [] Li license to practice in the State of		Worker [ ]	Licensed Clinical Soc	ial Wor	
1.	Full Name (Mr., Mrs., or Ms.)					
2.	Mailing address	et/PO Box				
				City	State	Zip
3.	Date of Birth//	Place of Birth		_ Social Security No	/	/
	(Proof of age must be attached. A copy	of your birth certificate, pa	ssport, military	ID, or valid driver's license	e is accept	table.)
4.	<b>Daytime phone</b> _()	Fax _()		E-mail		
5.	Attained Baccalaureate degree from		on	with Major in _		
6.	Attained Masters degree from		on	with Major in _		
	Attained Doctoral degree from fficial college transcripts must be receive					
(If will 9. ("S If 10. (If	Are you currently or have you ever be Yes, official certification of licensure mult be processed. Enter the state(s) and you Have you ever had a license, certifical canction" includes any voluntary or involves, a copy of the charges and the final of the Have you ever been convicted of any Yes, a detailed statement, a summary of formation must be received before your approximation for the charges and the statement of the convicted of the charges are the convicted of the charges are the convicted of the charges are the cha	ast be received by this office or license number(s) here tion, or registration revok- untary action that limits, resorder must be received befor felony or offense involving the charges, the final order,	ed, suspended tricts, or attache your application amoral turpituany probation of	or otherwise sanctioned? es conditions to lawful profe ion will be processed.) ude?	[ ]Yes	[ ]No ractice.
pro for	Please attach the names and current offession, willing to provide references it ms, and must receive the completed letter our references must include your faculty are	regarding your character, r(s) of reference before your	t <b>raining, and e</b> application wi	xperience. (This office wil	ll send the	required
nan	ne	name		name		
posi	ition & license number	position & license number		position & license number		
curi	rent address	current address		current address		
city	r, state, zip	city, state, zip		city, state, zip		

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#### APPLICATION FOR SOCIAL WORK LICENSE

(continued)

#### **AFFIDAVIT**

I hereby certify that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I am of good moral character and that I have reviewed and will comply with the Idaho Laws and Rules, including the Code of Professional Conduct, governing the practice of Social Work.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

			Signature of applicant	
State of Subscribed a	, County of	day of _	, ss, 20	
	(seal)		Notary Public official signature residing atmy commission expires	
I been been a	· -		ADDENDUM 1 u answered NO to #8 & have not yet graduated)	
I hereby cert	tify that, pending compliance v	vith all req	quirements of theName of institution	
the applican	t named above is on schedule t	o graduate	e either at the end of the current semester or within the next two quarter	rs ending
	with a degree in		which shall be granted on	
Date			Date	
	(Official Institution seal)		Registrar signature	
			Print Registrar name	

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### $\begin{array}{c} \textbf{APPLICATION FOR SOCIAL WORK LICENSE} \\ \underline{\textbf{RELATED FIELDS ADDENDUM}} \end{array}$

# ${\bf COMPLETE\ THIS\ FORM\ ONLY\ IF\ YOU\ HAVE\ GRADUATED\ OR\ ARE\ GRADUATING\ WITH\ A\ DEGREE\ FROM\ A\ FIELD\ OTHER\ THAN\ SOCIAL\ WORK.$

Please list below the courses you completed which correspond to the basic areas of study in social work and check the appropriate box for either semester or quarter hours. (Type or print only)

Trumum Der	navior in the social environment (at least 3 credit hours are r	requirea)			
Year	Course Name	Course #	Credit Hours S	Semester	Quarter
Social Stati	stics with Research Methods (at least 3 upper division credit	hours are re	equired)		
Year	Course Name	Course #	Credit Hours	Semester	Quarter
Social Welf	are Policy (at least 3 upper division credit hours are require	<b>d</b> )			
Year	Course Name	Course #	Credit Hours	Semester	Quarter
		•	•	•	
Social Wor	k Methods & Skills (at least 6 upper division credit hours wi	thin the last	5 years taught	by an MS	W are r
Year	Course Name	Course #	Credit Hours		
				II.	1
Social Wor	k Internship/Practicum (at least 9 upper division credit hou	rs taught by a	an MSW are re	anired. P	racticur
	ompleted within the last 5 years)	0 .		4	Tacticui
Year	ompleted within the last 5 years) Course Name	Course #		•	
		•	Credit Hours	•	
		•		•	
		•		•	
		•		•	
Year	Course Name	•		•	
Year	Course Name  ourse (at least 3 credit hours are required)	Course #	Credit Hours	Semester	Quarter
Year  Diversity C	Course Name	•		Semester	Quarter
Year  Diversity C	Course Name  ourse (at least 3 credit hours are required)	Course #	Credit Hours	Semester	Quarter
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Diversity C Year  Ethics Cour Year	Course Name  ourse (at least 3 credit hours are required)  Course Name  rse (at least 3 credit hours are required)  Course Name  cal/Social Behavior (at least 6 credit hours are required)	Course #  Course #	Credit Hours  Credit Hours  Credit Hours	Semester	Quarter
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